

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100908910
 AMENDS
 100886143
 06-10-2019

Candidate or Committee Name (Do not abbreviate. Use full name.)

VIVIAN OLSON (VIVIAN OLSON FOR EDMONDS)

Mailing Address

PO BOX 412

City	Zip + 4	Office Sought (candidates)
EDMONDS, WA	98020	CITY COUNCIL MEMBER

Election Date
 2019

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
02/22/19	ERLING HESIA 531 Maple St Edmonds, WA 98020	Self Employed Edmonds, WA OccupationELECTRICAL ENGINEER		X	\$500.00	\$500.00
02/22/19	DAVID PRESTON P.O. Bos 1777 Edmonds, WA 98020	Occupation		X	\$50.00	\$50.00
02/22/19	TAMARA PRESTON P.O. Bos 1777 Edmonds, WA 98020	Occupation		X	\$50.00	\$50.00
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$600.00 \$0.00	*See reverse for details.

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

\$600.00

4. Date of Deposit

02/22/19

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

CHARISSE BERNI

06-10-2019

Treasurer's Daytime Telephone No.: (425) 275-2225